

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-031743

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 187

Primary Registration District No. 3040

Registrar's No. 183

FILED SEP 5 1962

## 1. PLACE OF DEATH

a. COUNTY LIVINGSTON

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN CHILLICOTHELength of stay in lb  
14 YEARS2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MISSOURI b. COUNTY LIVINGSTONc. CITY  
OR  
TOWN CHILLICOTHEInside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION 1409 BURNAM ROADInside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS (If outside, give location)  
1409 BURNAM ROADReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First  
HOMERMiddle  
LEELast  
WOOD4. DATE  
OF  
DEATHMonth  
AUGUSTDay  
30Year  
19625. SEX  
MALE6. COLOR OR RACE  
WHITE7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
4-4-19149. AGE (last birthday)  
48IF UNDER 1 YEAR  
Months DaysIF UNDER 24 HR  
Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
SERVICE MANAGER10b. KIND OF BUSINESS OR INDUSTRY  
CONCO STATION11. BIRTHPLACE (City and state or country)  
CAMERON, MISSOURI12. CITIZEN OF WHAT COUNTRY  
U.S.A.

## 13a. FATHER'S NAME

CHARLES A. WOOD

## 13b. MOTHER'S MAIDEN NAME

MINNIE MAE LOVE

## 14. NAME OF HUSBAND OR WIFE

MARJORIE JACOBS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)  
NO17. INFORMANT  
1409 Burnam Rd.  
Mrs. Marjorie Wood Chillicothe, Mo.18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carbon Monoxide Poisoning

INTERVAL BETWEEN  
ONSET AND DEATH  
6 hrsConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour  
a.m.  
p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw him alive on Aug 25/1962  
Death occurred at 8:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)  
M.D.

## 22b. ADDRESS

Chillicothe Mo.

## 22c. DATE SIGNED

8-31-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

BURIAL

## 23b. DATE

9/1/62

## 23c. NAME OF CEMETERY OR CREMATORY

MEMORY GARDENS

## 23d. LOCATION (City, town, or county)

CAMERON, MISSOURI

## 24. FUNERAL DIRECTOR

## ADDRESS

NORMAN FUNERAL HOME: Chillicothe, Mo. Aug 31, 1962

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

Annabelle Taylor

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

6595

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NOV 29 1962

SEP 11 1962

MAR 6 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Elton Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

Dr. J. H. Weber  
Stutt